

**BEST AVAILABLE COPY**

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: monospace;">1017630244</div>	Filing Date	
							Applicant(s)		
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend
1							51		
2							52		
3							53		
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44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep							Total Indep		
Total Depend	18						Total Depend		
Total Claims	19</								